MAIL TO: MAIL 10: Registry of Charltable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

**WEB SITE ADDRESS:** 

http://ag.ca.gov/charitles/

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or tines or tiling penalties

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as defined in G	overnment Code section 12586.1. IRS ex	xtensions wil	I be honored.	<u>C</u>	<u>サン</u>	<u> 25 -</u>	
State Charity Registration Number: CT 108114							
		Change of address					
RIVER CITY COMMUNITY SERVICES		Amended report					
P.O. BOX 160204 Address (Number and Street)		Corporate or Organization No. 2032882					
SACRAMENTO, CA 95816 City or Town, State and ZIP Code			Federal Employer I.D. No. 91–1851398				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)  Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue Fee	Gross Annual Revenue		Fee Gross Annual Revenue		Fee		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25	Between \$100,001 and \$250,000 \$50  Between \$250,001 and \$1 million \$75  Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million			001 and \$50 million	\$150 \$225 \$300		
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $01/01/2004$ ending $12/31/2004$ ) list:  Gross annual revenue \$							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.							
					Yes	No	
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?						x	
<ol><li>During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?</li></ol>						х	
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?					,	х	
<ol> <li>During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.</li> </ol>						Х	
<ol> <li>During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used?</li> <li>If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.</li> </ol>						Х_	
During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.						x	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.						х	
Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundralser for charitable purposes.						х	
Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?						х	
Organization's area code and telephone number 916-446-2627							
Organization's e-mail address RCCSCA@SBCGLOBAL.NET							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.							
V 9 M8 de V John Stone & pros 11-2-0T							
Signature of authorized officer Printed Name Title Date							

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